

PTO/SS/01A (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	METHOD AND SYSTEM FOR OBTAINING PAYMENT FOR HEALTHCARE SERVICES USING A HEALTHCARE NOTE SERVICER
As the below named inventor(s), I/we declare that:	
The declaration is directed to:	
<input checked="" type="checkbox"/> The attached application, or	
<input type="checkbox"/> Application No. _____, filed on _____,	
<input type="checkbox"/> as amended on _____ (if applicable).	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.	
All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME(S) OF INVENTORS:		
Inventor one:	Victor C. York	
Signature:	Date: 7/14/03	Citizen of: US
Inventor two:	Lawrence York	
Signature:	Date:	Citizen of: US
Inventor three:		
Signature:	Date:	Citizen of:
Inventor four:		
Signature:	Date:	Citizen of:
<input type="checkbox"/> Additional inventors are being named on _____ additional form(s) attached hereto.		

Declaration for Utility or Design Patent Application	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 14705379, US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: 7-11-03	Signature: Beth J. Cobb (Beth J. Cobb)

07/11/2003 09:59

NO. 534 002

PTO/SB01A (10-01)

Approved for use through 12/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention

**METHOD AND SYSTEM FOR OBTAINING PAYMENT FOR HEALTHCARE
SERVICES USING A HEALTHCARE NOTE SERVER**

As the below named inventor(s), I/we declare that:

The declaration is directed to:

☒ The attached application, or

☐ Application No. _____, filed on _____,

☐ as amended on _____ (if applicable).

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME(S) OF INVENTORS:

Inventor one: Victor C. York

Signature: _____ Date: _____ Citizen of: US

Inventor two: Lawrence York

Signature: Lawrence York Date: 7/11/03 Citizen of: US

Inventor three: _____

Signature: _____ Date: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Date: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Declaration for Utility or Design Patent Application

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airmail No. ER 1470537 4US
in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 7-11-03 Signature: Beth J. Cobb (Beth J. Cobb)

25315326.1